

RETURN TO

Kentucky Board of Nursing

DT Credentialing Program
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172
502-329-7000 or 800-305-2042
Fax: 502-329-7011
Internet: kbn.ky.gov

**CHECKLIST FOR DIALYSIS TECHNICIAN
COMPETENCY VALIDATION**

This form must be completed by your immediate supervisor, signed by a Notary Public, and submitted with your application for Dialysis Technician Credentialing.

Print clearly, using capital letters and black ink.

Section 1: Biographical Data

Last Name of DT:	<input type="text"/>
First Name of DT:	<input type="text"/>
DT's Social Security #:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Date of Hire:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Name of Immediate Supervisor:	<input type="text"/>
Supervisor's License #:	<input type="text"/>
Facility:	<input type="text"/>
Street:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Facility Phone #:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Fax #:	<input type="text"/> - <input type="text"/> - <input type="text"/>

Immediate Supervisor's Certification

As the immediate supervisor of the above-named dialysis technician, I certify that the following information is true and accurate. I also certify that:

(Name of Dialysis Technician) _____ performs dialysis care in a safe manner, under the direct on-site supervision of a registered nurse or physician, including the competent performance of each of the following acts (as indicated by my initials):

- _____ Prepare and cannulate peripheral access sites (arterial-venous fistula and arterial-venous graft).
_____ Initiate, deliver, and discontinue dialysis care.

Administer the following medications:

- _____ Heparin
_____ Intradermal Lidocaine
_____ Normal Saline

If this dialysis technician (DT) does not administer these medications, please indicate "N/A" (non/applicable). If this DT administers these medications in the future, the DT must be educationally prepared and clinically competent to do so in a safe manner.

- _____ Assist the registered nurse in data collection.
_____ Obtain a blood specimen via dialysis lines or peripheral access sites.
_____ Respond to complications that arise in conjunction with dialysis care.

Return Completed Form to KBN Office

The applicant must return this completed form to the Board office. This form should be attached to the "Application for the Dialysis Technician Credential."

NOTE: This form is for use by applicants applying for the Initial Dialysis Technician Credential between June 2001 and February 2002, and for applicants applying for reinstatement.

Notary

I certify that I am the immediate supervisor who is referred to in this checklist and that all statements contained herein are true and correct in every respect. I further understand that all information on this form is subject to an audit for verification and that the falsification of any information contained herein may be cause for disciplinary action.

Signature of Immediate Supervisor

Subscribed and sworn to before me by (Supervisor"s Name)

on this date:

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Signature of Notary Public

State of

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 My Commission Expires

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